

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs R	MCG Health Inc	Appling General
1	Medicaid Provider ID	000000778A	000000723A	000000052A
2	base period report period beginning date	7/1/2008	7/1/2008	9/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	8/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	70,563	9,991,664	385,616
11	covered charges	69,477	21,119,482	1,446,452
12	outpatient Medicaid ratio of costs to charges	1.015631	0.473102	0.266594
13	annual cost of Medicaid covered services	70,563	9,991,664	385,616
14	cost settlement rate	100.00%	100.00%	95.77%
15	annual Medicaid payments after cost settlement	70,563	9,991,664	369,304
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	0	1,194,476	68,655
19	payments	0	91,150	7,550
20	annual covered charges	0	1,194,476	68,655
21	annual interim payments	0	91,150	7,550
22	annual cost of services	-	565,109	18,303
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	2,636,367	0
26	payments	0	663,825	0
27	annual covered charges	0	2,636,367	0
28	annual interim payments	0	663,825	0
29	annual cost of services	-	1,247,271	-
30				
31	Medicaid annual payments	70,563	10,746,639	376,854
32	Cost of services - max annual payments for UPL	70,563	11,804,044	403,919
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.067636	1.058954
36				
37	adjusted Medicaid annual payments	75,336	11,473,499	399,071
38	adjusted maximum annual payments for UPL	75,336	12,602,422	427,732
39	annual facility specific UPL amount	0	1,128,923	28,661
40				
41	annual allocation of charge limit (if applicable)	(1,086)	1,086	0
42				
43	annual UPL amount after aggregate limit adjustments	(1,086)	1,130,009	28,661
44	UPL adjustment available for SFY2011	0	1,130,009	28,661

Georgia Department of Community Health

	Facility Name	Athens Regional	Burke Medical Center	Coffee Regional
1	Medicaid Provider ID	000000074A	000000283A	000000448A
2	base period report period beginning date	10/1/2008	6/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	5/31/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	4,748,309	312,637	1,106,745
11	covered charges	19,325,908	476,659	4,203,565
12	outpatient Medicaid ratio of costs to charges	0.245697	0.655892	0.263287
13	annual cost of Medicaid covered services	4,748,309	312,637	1,106,745
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	4,547,455	299,412	1,059,930
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	646,570	40,197	508,639
19	payments	30,900	9,920	42,600
20	annual covered charges	646,570	40,197	508,639
21	annual interim payments	30,900	9,920	42,600
22	annual cost of services	158,860	26,365	133,918
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	1,637,859	0	20,839
26	payments	209,766	0	4,606
27	annual covered charges	1,637,859	0	20,839
28	annual interim payments	209,766	0	4,606
29	annual cost of services	402,417	-	5,487
30				
31	Medicaid annual payments	4,788,121	309,332	1,107,136
32	Cost of services - max annual payments for UPL	5,309,586	339,002	1,246,150
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.070228	1.043146
36				
37	adjusted Medicaid annual payments	5,049,868	331,056	1,154,904
38	adjusted maximum annual payments for UPL	5,599,840	362,809	1,299,916
39	annual facility specific UPL amount	549,972	31,753	145,012
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	549,972	31,753	145,012
44	UPL adjustment available for SFY2011	549,972	31,753	145,012

Georgia Department of Community Health

	Facility Name	Colquitt Regional	Crisp Regional	Dekalb Medical
1	Medicaid Provider ID	000002021A	000000514A	000000536A
2	base period report period beginning date	10/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,325,438	910,106	3,149,108
11	covered charges	3,870,428	2,806,714	11,570,563
12	outpatient Medicaid ratio of costs to charges	0.342453	0.32426	0.272165
13	annual cost of Medicaid covered services	1,325,438	910,106	3,149,108
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	1,269,372	871,609	3,015,901
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	211,761	151,929	794,543
19	payments	22,900	16,050	51,400
20	annual covered charges	211,761	151,929	794,543
21	annual interim payments	22,900	16,050	51,400
22	annual cost of services	72,518	49,264	216,247
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	333,687	174,428	2,611,632
26	payments	63,367	64,230	569,585
27	annual covered charges	333,687	174,428	2,611,632
28	annual interim payments	63,367	64,230	569,585
29	annual cost of services	114,272	56,560	710,795
30				
31	Medicaid annual payments	1,355,639	951,889	3,636,886
32	Cost of services - max annual payments for UPL	1,512,228	1,015,930	4,076,150
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.067636	1.067636
36				
37	adjusted Medicaid annual payments	1,429,746	1,016,271	3,882,870
38	adjusted maximum annual payments for UPL	1,594,895	1,084,643	4,351,844
39	annual facility specific UPL amount	165,149	68,372	468,974
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	165,149	68,372	468,974
44	UPL adjustment available for SFY2011	165,149	68,372	468,974

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	Facility Name	Doctors Hospital Inc.	Dodge County	Dorminy Medical
1	Medicaid Provider ID	000148233A	000000591A	000000613A
2	base period report period beginning date	12/3/2008	10/1/2008	8/1/2008
3	base period report period ending date	6/30/2009	9/30/2009	7/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.7381	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	508,616	617,453	442,377
11	covered charges	2,716,754	2,112,065	1,226,623
12	outpatient Medicaid ratio of costs to charges	0.187215	0.292346	0.360646
13	annual cost of Medicaid covered services	884,023	617,453	442,377
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	846,629	591,335	423,664
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	468,605	434,208	132,699
19	payments	16,950	35,350	16,916
20	annual covered charges	814,480	434,208	132,699
21	annual interim payments	29,461	35,350	16,916
22	annual cost of services	152,483	126,939	47,857
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	474,776	16,649	31,087
26	payments	71,560	4,333	8,600
27	annual covered charges	825,206	16,649	31,087
28	annual interim payments	124,379	4,333	8,600
29	annual cost of services	154,491	4,867	11,211
30				
31	Medicaid annual payments	1,000,469	631,018	449,180
32	Cost of services - max annual payments for UPL	1,190,997	749,259	501,445
33				
34	<u>adjustment factor</u>			
35	inflation	1.046958	1.054666	1.063277
36				
37	adjusted Medicaid annual payments	1,047,449	665,513	477,603
38	adjusted maximum annual payments for UPL	1,246,924	790,218	533,175
39	annual facility specific UPL amount	199,475	124,705	55,572
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	199,475	124,705	55,572
44	UPL adjustment available for SFY2011	199,475	124,705	55,572

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	Facility Name	Elbert Memorial	Emanuel Medical Ctr.	Evans Memorial
1	Medicaid Provider ID	000000668A	000000701A	000000734A
2	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	266,738	558,503	257,871
11	covered charges	777,746	1,936,196	777,098
12	outpatient Medicaid ratio of costs to charges	0.342963	0.288454	0.331838
13	annual cost of Medicaid covered services	266,738	558,503	257,871
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	255,455	534,878	246,963
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	84,688	252,182	71,860
19	payments	6,000	16,950	7,800
20	annual covered charges	84,688	252,182	71,860
21	annual interim payments	6,000	16,950	7,800
22	annual cost of services	29,045	72,743	23,846
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	22,432	0	0
26	payments	4,445	0	0
27	annual covered charges	22,432	0	0
28	annual interim payments	4,445	0	0
29	annual cost of services	7,693	-	-
30				
31	Medicaid annual payments	265,900	551,828	254,763
32	Cost of services - max annual payments for UPL	303,476	631,246	281,717
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.067636	1.054666
36				
37	adjusted Medicaid annual payments	283,884	589,151	268,690
38	adjusted maximum annual payments for UPL	324,002	673,941	297,117
39	annual facility specific UPL amount	40,118	84,790	28,427
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	40,118	84,790	28,427
44	UPL adjustment available for SFY2011	40,118	84,790	28,427

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	Facility Name	Floyd Medical Center	Grady General	Grady Memorial
1	Medicaid Provider ID	000000756A	000000844A	000000855A
2	base period report period beginning date	7/1/2008	10/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	9/30/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	3,496,390	297,696	9,230,320
11	covered charges	16,560,949	916,116	29,734,557
12	outpatient Medicaid ratio of costs to charges	0.211123	0.324954	0.310424
13	annual cost of Medicaid covered services	3,496,390	297,696	9,230,320
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	3,348,493	285,103	8,839,877
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	635,827	47,905	1,367,521
19	payments	54,906	5,100	83,907
20	annual covered charges	635,827	47,905	1,367,521
21	annual interim payments	54,906	5,100	83,907
22	annual cost of services	134,238	15,567	424,511
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	2,382,565	0	9,579,208
26	payments	309,582	0	2,526,432
27	annual covered charges	2,382,565	0	9,579,208
28	annual interim payments	309,582	0	2,526,432
29	annual cost of services	503,014	-	2,973,616
30				
31	Medicaid annual payments	3,712,981	290,203	11,450,216
32	Cost of services - max annual payments for UPL	4,133,642	313,263	12,628,447
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.054666	1.043146
36				
37	adjusted Medicaid annual payments	3,964,112	306,067	11,944,247
38	adjusted maximum annual payments for UPL	4,413,225	330,388	13,173,314
39	annual facility specific UPL amount	449,113	24,321	1,229,067
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	449,113	24,321	1,229,067
44	UPL adjustment available for SFY2011	449,113	24,321	1,229,067

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	Facility Name	Gwinnett Med Ctr - Duluth	Gwinnett Med Ctr - Lawrenceville
1	Medicaid Provider ID	000001064A	000000294A
2	base period report period beginning date	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	584,536	3,084,932
11	covered charges	2,936,527	12,446,338
12	outpatient Medicaid ratio of costs to charges	0.199057	0.247859
13	annual cost of Medicaid covered services	584,536	3,084,932
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	559,810	2,954,439
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	193,634	574,210
19	payments	8,800	33,140
20	annual covered charges	193,634	574,210
21	annual interim payments	8,800	33,140
22	annual cost of services	38,544	142,323
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	28,161	483,035
26	payments	5,137	108,232
27	annual covered charges	28,161	483,035
28	annual interim payments	5,137	108,232
29	annual cost of services	5,606	119,725
30			
31	Medicaid annual payments	573,747	3,095,811
32	Cost of services - max annual payments for UPL	628,686	3,346,980
33			
34	<u>adjustment factor</u>		
35	inflation	1.067636	1.067636
36			
37	adjusted Medicaid annual payments	612,553	3,305,199
38	adjusted maximum annual payments for UPL	671,208	3,573,356
39	annual facility specific UPL amount	58,655	268,157
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	58,655	268,157
44	UPL adjustment available for SFY2011	58,655	268,157

Georgia Department of Community Health

	Facility Name	Habersham Medical Center	Hart County	Henry Medical Center
1	Medicaid Provider ID	000000877A	000000921A	000182388A
2	base period report period beginning date	7/1/2008	1/1/2009	7/1/2008
3	base period report period ending date	6/30/2009	12/31/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	494,165	264,091	1,450,388
11	covered charges	1,425,929	705,988	4,641,429
12	outpatient Medicaid ratio of costs to charges	0.346557	0.374073	0.312487
13	annual cost of Medicaid covered services	494,165	264,091	1,450,388
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	473,262	252,920	1,389,037
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	131,062	51,252	324,641
19	payments	15,350	5,550	29,550
20	annual covered charges	131,062	51,252	324,641
21	annual interim payments	15,350	5,550	29,550
22	annual cost of services	45,420	19,172	101,446
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	0	477,213
26	payments	0	0	58,587
27	annual covered charges	0	0	477,213
28	annual interim payments	0	0	58,587
29	annual cost of services	-	-	149,123
30				
31	Medicaid annual payments	488,612	258,470	1,477,174
32	Cost of services - max annual payments for UPL	539,585	283,263	1,700,957
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.043146	1.067636
36				
37	adjusted Medicaid annual payments	521,660	269,622	1,577,084
38	adjusted maximum annual payments for UPL	576,080	295,485	1,816,003
39	annual facility specific UPL amount	54,420	25,863	238,919
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	54,420	25,863	238,919
44	UPL adjustment available for SFY2011	54,420	25,863	238,919

Georgia Department of Community Health

	Facility Name	Houston Medical Ctr.	Hughes Spalding Children's Hospital
1	Medicaid Provider ID	000000976A	000679808A
2	base period report period beginning date	1/1/2009	1/1/2009
3	base period report period ending date	12/31/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	1,925,785	1,927,914
11	covered charges	6,448,694	5,469,186
12	outpatient Medicaid ratio of costs to charges	0.298632	0.352505
13	annual cost of Medicaid covered services	1,925,785	1,927,914
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	1,844,324	1,846,363
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	414,660	660,293
19	payments	56,322	71,578
20	annual covered charges	414,660	660,293
21	annual interim payments	56,322	71,578
22	annual cost of services	123,831	232,757
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	758,298	0
26	payments	262,026	0
27	annual covered charges	758,298	0
28	annual interim payments	262,026	0
29	annual cost of services	226,452	-
30			
31	Medicaid annual payments	2,162,672	1,917,941
32	Cost of services - max annual payments for UPL	2,276,068	2,160,671
33			
34	<u>adjustment factor</u>		
35	inflation	1.043146	1.043146
36			
37	adjusted Medicaid annual payments	2,255,983	2,000,692
38	adjusted maximum annual payments for UPL	2,374,271	2,253,895
39	annual facility specific UPL amount	118,288	253,203
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	118,288	253,203
44	UPL adjustment available for SFY2011	118,288	253,203

Georgia Department of Community Health

	Facility Name	Hughston Hospital Inc.	Hutcheson Medical Ctr.
1	Medicaid Provider ID	000315642A	000001075A
2	base period report period beginning date	7/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	9/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	40,647	1,543,210
11	covered charges	174,828	6,421,058
12	outpatient Medicaid ratio of costs to charges	0.232497	0.240336
13	annual cost of Medicaid covered services	40,647	1,543,210
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	38,928	1,477,932
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	0	544,758
19	payments	0	38,140
20	annual covered charges	0	544,758
21	annual interim payments	0	38,140
22	annual cost of services	-	130,925
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	28,534	379,526
26	payments	4,756	60,005
27	annual covered charges	28,534	379,526
28	annual interim payments	4,756	60,005
29	annual cost of services	6,634	91,214
30			
31	Medicaid annual payments	43,684	1,576,077
32	Cost of services - max annual payments for UPL	47,281	1,765,349
33			
34	<u>adjustment factor</u>		
35	inflation	1.067636	1.054666
36			
37	adjusted Medicaid annual payments	46,639	1,662,235
38	adjusted maximum annual payments for UPL	50,479	1,861,854
39	annual facility specific UPL amount	3,840	199,619
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	3,840	199,619
44	UPL adjustment available for SFY2011	3,840	199,619

Georgia Department of Community Health

	Facility Name	Irwin County Hospital	Jefferson
1	Medicaid Provider ID	000000987A	000001031A
2	base period report period beginning date	12/1/2008	1/1/2009
3	base period report period ending date	11/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	444,197	234,315
11	covered charges	1,604,438	598,536
12	outpatient Medicaid ratio of costs to charges	0.276855	0.39148
13	annual cost of Medicaid covered services	444,197	234,315
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	425,407	224,403
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	32,837	55,008
19	payments	4,650	7,700
20	annual covered charges	32,837	55,008
21	annual interim payments	4,650	7,700
22	annual cost of services	9,091	21,535
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	199,099	0
26	payments	40,109	0
27	annual covered charges	199,099	0
28	annual interim payments	40,109	0
29	annual cost of services	55,122	-
30			
31	Medicaid annual payments	470,166	232,103
32	Cost of services - max annual payments for UPL	508,410	255,850
33			
34	<u>adjustment factor</u>		
35	inflation	1.046958	1.043146
36			
37	adjusted Medicaid annual payments	492,244	242,117
38	adjusted maximum annual payments for UPL	532,284	266,889
39	annual facility specific UPL amount	40,040	24,772
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	40,040	24,772
44	UPL adjustment available for SFY2011	40,040	24,772

Georgia Department of Community Health

	Facility Name	McDuffie Regional Medical Center	Meadows Regional
1	Medicaid Provider ID	000001185A	000001086A
2	base period report period beginning date	10/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	435,818	1,178,023
11	covered charges	1,332,149	6,978,959
12	outpatient Medicaid ratio of costs to charges	0.327154	0.168796
13	annual cost of Medicaid covered services	435,818	1,178,023
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	417,383	1,128,193
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	97,643	738,081
19	payments	9,615	43,850
20	annual covered charges	97,643	738,081
21	annual interim payments	9,615	43,850
22	annual cost of services	31,944	124,585
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	17,901	51,873
26	payments	4,550	9,192
27	annual covered charges	17,901	51,873
28	annual interim payments	4,550	9,192
29	annual cost of services	5,856	8,756
30			
31	Medicaid annual payments	431,548	1,181,235
32	Cost of services - max annual payments for UPL	473,618	1,311,364
33			
34	<u>adjustment factor</u>		
35	inflation	1.054666	1.067636
36			
37	adjusted Medicaid annual payments	455,139	1,261,129
38	adjusted maximum annual payments for UPL	499,509	1,400,059
39	annual facility specific UPL amount	44,370	138,930
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	44,370	138,930
44	UPL adjustment available for SFY2011	44,370	138,930

Georgia Department of Community Health

	Facility Name	Medical Center of Central GA	Memorial Health Univ. Med Ctr
1	Medicaid Provider ID	000001207A	000001273A
2	base period report period beginning date	10/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	7,691,641	5,341,898
11	covered charges	24,844,820	22,537,235
12	outpatient Medicaid ratio of costs to charges	0.309587	0.237025
13	annual cost of Medicaid covered services	7,691,641	5,341,898
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	7,366,285	5,115,936
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	1,145,651	539,582
19	payments	51,808	40,700
20	annual covered charges	1,145,651	539,582
21	annual interim payments	51,808	40,700
22	annual cost of services	354,679	127,894
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	6,017,024	5,567,696
26	payments	975,621	930,716
27	annual covered charges	6,017,024	5,567,696
28	annual interim payments	975,621	930,716
29	annual cost of services	1,862,792	1,319,683
30			
31	Medicaid annual payments	8,393,714	6,087,352
32	Cost of services - max annual payments for UPL	9,909,112	6,789,475
33			
34	<u>adjustment factor</u>		
35	inflation	1.054666	1.043146
36			
37	adjusted Medicaid annual payments	8,852,565	6,349,997
38	adjusted maximum annual payments for UPL	10,450,804	7,082,414
39	annual facility specific UPL amount	1,598,239	732,417
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	1,598,239	732,417
44	UPL adjustment available for SFY2011	1,598,239	732,417

Georgia Department of Community Health

	Facility Name	Memorial Hospital - Bainbridge	Murray Medical Ctr.
1	Medicaid Provider ID	000001262A	000001383A
2	base period report period beginning date	4/1/2008	10/1/2008
3	base period report period ending date	3/31/2009	9/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	464,039	402,995
11	covered charges	1,237,240	1,496,180
12	outpatient Medicaid ratio of costs to charges	0.37506	0.269349
13	annual cost of Medicaid covered services	464,039	402,995
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	444,410	385,948
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	84,260	142,239
19	payments	13,769	14,922
20	annual covered charges	84,260	142,239
21	annual interim payments	13,769	14,922
22	annual cost of services	31,603	38,312
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	28,001	0
26	payments	4,448	0
27	annual covered charges	28,001	0
28	annual interim payments	4,448	0
29	annual cost of services	10,502	-
30			
31	Medicaid annual payments	462,627	400,870
32	Cost of services - max annual payments for UPL	506,144	441,307
33			
34	<u>adjustment factor</u>		
35	inflation	1.07545	1.054666
36			
37	adjusted Medicaid annual payments	497,532	422,784
38	adjusted maximum annual payments for UPL	544,333	465,431
39	annual facility specific UPL amount	46,801	42,647
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	46,801	42,647
44	UPL adjustment available for SFY2011	46,801	42,647

Georgia Department of Community Health

	Facility Name	Newton Medical	Northeast GA Medical Ctr.	Northside
1	Medicaid Provider ID	000001394A	000000888A	000001405A
2	base period report period beginning date	1/1/2009	10/1/2008	10/1/2008
3	base period report period ending date	12/31/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,402,483	3,618,972	1,846,802
11	covered charges	5,510,430	15,608,221	7,551,234
12	outpatient Medicaid ratio of costs to charges	0.254514	0.231863	0.24457
13	annual cost of Medicaid covered services	1,402,483	3,618,972	1,846,802
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	1,343,158	3,465,890	1,768,682
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	548,008	592,000	326,202
19	payments	30,420	33,439	11,600
20	annual covered charges	548,008	592,000	326,202
21	annual interim payments	30,420	33,439	11,600
22	annual cost of services	139,476	137,263	79,779
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	84,909	2,127,682	1,001,144
26	payments	17,770	319,503	154,063
27	annual covered charges	84,909	2,127,682	1,001,144
28	annual interim payments	17,770	319,503	154,063
29	annual cost of services	21,611	493,331	244,850
30				
31	Medicaid annual payments	1,391,348	3,818,832	1,934,345
32	Cost of services - max annual payments for UPL	1,563,570	4,249,566	2,171,431
33				
34	<u>adjustment factor</u>			
35	inflation	1.043146	1.054666	1.054666
36				
37	adjusted Medicaid annual payments	1,451,379	4,027,592	2,040,088
38	adjusted maximum annual payments for UPL	1,631,031	4,481,873	2,290,134
39	annual facility specific UPL amount	179,652	454,281	250,046
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	179,652	454,281	250,046
44	UPL adjustment available for SFY2011	179,652	454,281	250,046

Georgia Department of Community Health

	Facility Name	Northside - Cherokee	Northside - Forsyth	Oconee Regional
1	Medicaid Provider ID	000001108A	000000767A	000000129A
2	base period report period beginning date	10/1/2008	10/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	601,409	800,947	850,442
11	covered charges	3,196,315	4,551,417	2,976,801
12	outpatient Medicaid ratio of costs to charges	0.188157	0.175977	0.28569
13	annual cost of Medicaid covered services	601,409	800,947	850,442
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	575,969	767,067	814,468
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	315,102	413,426	216,357
19	payments	15,000	18,150	21,550
20	annual covered charges	315,102	413,426	216,357
21	annual interim payments	15,000	18,150	21,550
22	annual cost of services	59,289	72,753	61,811
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	391,803	1,124,097	266,404
26	payments	58,230	186,758	40,588
27	annual covered charges	391,803	1,124,097	266,404
28	annual interim payments	58,230	186,758	40,588
29	annual cost of services	73,720	197,815	76,109
30				
31	Medicaid annual payments	649,199	971,975	876,606
32	Cost of services - max annual payments for UPL	734,418	1,071,515	988,362
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.054666	1.054666
36				
37	adjusted Medicaid annual payments	684,688	1,025,109	924,527
38	adjusted maximum annual payments for UPL	774,565	1,130,090	1,042,392
39	annual facility specific UPL amount	89,877	104,981	117,865
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	89,877	104,981	117,865
44	UPL adjustment available for SFY2011	89,877	104,981	117,865

Georgia Department of Community Health

	Facility Name	Perry	Phoebe Putney
1	Medicaid Provider ID	000001471A	000001482A
2	base period report period beginning date	1/1/2009	8/1/2008
3	base period report period ending date	12/31/2009	7/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	288,687	6,282,909
11	covered charges	1,123,997	21,807,722
12	outpatient Medicaid ratio of costs to charges	0.256839	0.288105
13	annual cost of Medicaid covered services	288,687	6,282,909
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	276,475	6,017,141
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	39,733	651,823
19	payments	4,930	28,959
20	annual covered charges	39,733	651,823
21	annual interim payments	4,930	28,959
22	annual cost of services	10,205	187,793
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	0	4,914,708
26	payments	0	774,562
27	annual covered charges	0	4,914,708
28	annual interim payments	0	774,562
29	annual cost of services	-	1,415,952
30			
31	Medicaid annual payments	281,405	6,820,662
32	Cost of services - max annual payments for UPL	298,892	7,886,654
33			
34	<u>adjustment factor</u>		
35	inflation	1.043146	1.063277
36			
37	adjusted Medicaid annual payments	293,547	7,252,253
38	adjusted maximum annual payments for UPL	311,788	8,385,697
39	annual facility specific UPL amount	18,241	1,133,444
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	18,241	1,133,444
44	UPL adjustment available for SFY2011	18,241	1,133,444

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center, Inc.	Satilla Regional
1	Medicaid Provider ID	000000019A	000001229A
2	base period report period beginning date	10/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	1,177,298	3,034,947
11	covered charges	3,291,167	10,335,975
12	outpatient Medicaid ratio of costs to charges	0.357714	0.293629
13	annual cost of Medicaid covered services	1,177,298	3,034,947
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	1,127,498	2,906,569
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	378,324	582,455
19	payments	28,845	50,311
20	annual covered charges	378,324	582,455
21	annual interim payments	28,845	50,311
22	annual cost of services	135,332	171,026
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	378,736	794,295
26	payments	80,437	148,864
27	annual covered charges	378,736	794,295
28	annual interim payments	80,437	148,864
29	annual cost of services	135,479	233,228
30			
31	Medicaid annual payments	1,236,780	3,105,744
32	Cost of services - max annual payments for UPL	1,448,109	3,439,201
33			
34	<u>adjustment factor</u>		
35	inflation	1.054666	1.043146
36			
37	adjusted Medicaid annual payments	1,304,390	3,239,744
38	adjusted maximum annual payments for UPL	1,527,271	3,587,589
39	annual facility specific UPL amount	222,881	347,845
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	222,881	347,845
44	UPL adjustment available for SFY2011	222,881	347,845

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center	Southeast GA - Brunswick
1	Medicaid Provider ID	000001724A	000000822A
2	base period report period beginning date	10/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	4/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.7217
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	3,157,086	1,184,386
11	covered charges	6,015,491	3,469,434
12	outpatient Medicaid ratio of costs to charges	0.524826	0.341377
13	annual cost of Medicaid covered services	3,157,086	2,039,156
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	3,023,541	1,952,899
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	390,359	262,826
19	payments	44,800	21,950
20	annual covered charges	390,359	452,507
21	annual interim payments	44,800	37,791
22	annual cost of services	204,871	154,475
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	2,990,031	157,981
26	payments	466,485	32,461
27	annual covered charges	2,990,031	271,995
28	annual interim payments	466,485	55,888
29	annual cost of services	1,569,246	92,853
30			
31	Medicaid annual payments	3,534,826	2,046,578
32	Cost of services - max annual payments for UPL	4,931,203	2,286,484
33			
34	<u>adjustment factor</u>		
35	inflation	1.054666	1.054666
36			
37	adjusted Medicaid annual payments	3,728,061	2,158,456
38	adjusted maximum annual payments for UPL	5,200,772	2,411,477
39	annual facility specific UPL amount	1,472,711	253,021
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	1,472,711	253,021
44	UPL adjustment available for SFY2011	1,472,711	253,021

Georgia Department of Community Health

	Facility Name	Southeast GA - Camden	Southern Regional	Stephens County
1	Medicaid Provider ID	000000811A	000000404A	000001834A
2	base period report period beginning date	10/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	4/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.7217	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	236,686	3,764,800	852,796
11	covered charges	854,269	13,783,424	2,038,387
12	outpatient Medicaid ratio of costs to charges	0.277063	0.27314	0.418368
13	annual cost of Medicaid covered services	407,503	3,764,800	852,796
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	390,265	3,605,549	816,723
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	88,655	1,151,055	176,052
19	payments	7,400	78,750	22,000
20	annual covered charges	152,637	1,151,055	176,052
21	annual interim payments	12,741	78,750	22,000
22	annual cost of services	42,290	314,399	73,655
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	1,046,125	37,348
26	payments	0	201,483	8,899
27	annual covered charges	0	1,046,125	37,348
28	annual interim payments	0	201,483	8,899
29	annual cost of services	-	285,739	15,625
30				
31	Medicaid annual payments	403,006	3,885,782	847,622
32	Cost of services - max annual payments for UPL	449,793	4,364,938	942,076
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.067636	1.054666
36				
37	adjusted Medicaid annual payments	425,037	4,148,601	893,958
38	adjusted maximum annual payments for UPL	474,381	4,660,165	993,576
39	annual facility specific UPL amount	49,344	511,564	99,618
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	49,344	511,564	99,618
44	UPL adjustment available for SFY2011	49,344	511,564	99,618

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Carrollton	Tanner Med Ctr - Villa Rica
1	Medicaid Provider ID	000001867A	000002032A
2	base period report period beginning date	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	2,327,624	1,804,045
11	covered charges	8,796,953	4,263,300
12	outpatient Medicaid ratio of costs to charges	0.264594	0.423157
13	annual cost of Medicaid covered services	2,327,624	1,804,045
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	2,229,166	1,727,734
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	273,287	310,642
19	payments	28,014	32,842
20	annual covered charges	273,287	310,642
21	annual interim payments	28,014	32,842
22	annual cost of services	72,310	131,450
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	792,550	102,914
26	payments	149,921	25,564
27	annual covered charges	792,550	102,914
28	annual interim payments	149,921	25,564
29	annual cost of services	209,704	43,549
30			
31	Medicaid annual payments	2,407,101	1,786,140
32	Cost of services - max annual payments for UPL	2,609,638	1,979,044
33			
34	<u>adjustment factor</u>		
35	inflation	1.067636	1.067636
36			
37	adjusted Medicaid annual payments	2,569,908	1,906,947
38	adjusted maximum annual payments for UPL	2,786,143	2,112,899
39	annual facility specific UPL amount	216,235	205,952
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	216,235	205,952
44	UPL adjustment available for SFY2011	216,235	205,952

Georgia Department of Community Health

	Facility Name	The Medical Center	Tift Regional	Union General	University
1	Medicaid Provider ID	000001196A	000001922A	000001966A	000001977A
2	base period report period beginning date	7/1/2008	10/1/2008	5/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	9/30/2009	4/30/2009	12/31/2009
4					
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	3,743,874	2,244,618	322,100	2,978,792
11	covered charges	11,522,106	8,320,122	842,165	8,913,876
12	outpatient Medicaid ratio of costs to charges	0.32493	0.269782	0.382467	0.334175
13	annual cost of Medicaid covered services	3,743,874	2,244,618	322,100	2,978,792
14	cost settlement rate	95.77%	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	3,585,508	2,149,671	308,475	2,852,789
16					
17	<u>subject to fixed fee payment</u>				
18	covered charges	425,169	493,724	84,353	376,069
19	payments	389,819	37,122	8,475	29,548
20	annual covered charges	425,169	493,724	84,353	376,069
21	annual interim payments	389,819	37,122	8,475	29,548
22	annual cost of services	138,150	133,198	32,262	125,673
23					
24	<u>subject to limit of inpatient rate</u>				
25	covered charges	3,532,110	2,287,363	0	1,165,268
26	payments	799,300	322,605	0	105,019
27	annual covered charges	3,532,110	2,287,363	0	1,165,268
28	annual interim payments	799,300	322,605	0	105,019
29	annual cost of services	1,147,689	617,089	-	389,403
30					
31	Medicaid annual payments	4,774,627	2,509,398	316,950	2,987,356
32	Cost of services - max annual payments for UPL	5,029,713	2,994,905	354,362	3,493,868
33					
34	<u>adjustment factor</u>				
35	inflation	1.067636	1.054666	1.072833	1.043146
36					
37	adjusted Medicaid annual payments	5,097,564	2,646,577	340,034	3,116,248
38	adjusted maximum annual payments for UPL	5,369,903	3,158,625	380,171	3,644,615
39	annual facility specific UPL amount	272,339	512,048	40,137	528,367
40					
41	annual allocation of charge limit (if applicable)	0	0	0	0
42					
43	annual UPL amount after aggregate limit adjustments	272,339	512,048	40,137	528,367
44	UPL adjustment available for SFY2011	272,339	512,048	40,137	528,367

Georgia Department of Community Health

	Facility Name	Upson Regional	Washington County	Wayne Memorial
1	Medicaid Provider ID	000001988A	000001218A	000002054A
2	base period report period beginning date	1/1/2009	9/1/2008	7/1/2008
3	base period report period ending date	12/31/2009	8/31/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,356,528	395,116	968,191
11	covered charges	6,290,396	1,005,666	2,913,189
12	outpatient Medicaid ratio of costs to charges	0.215651	0.39289	0.332347
13	annual cost of Medicaid covered services	1,356,528	395,116	968,191
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	1,299,146	378,403	927,237
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	482,437	35,555	411,760
19	payments	31,100	5,624	38,871
20	annual covered charges	482,437	35,555	411,760
21	annual interim payments	31,100	5,624	38,871
22	annual cost of services	104,038	13,969	136,847
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	162,599	0	118,434
26	payments	31,598	0	27,255
27	annual covered charges	162,599	0	118,434
28	annual interim payments	31,598	0	27,255
29	annual cost of services	35,065	-	39,361
30				
31	Medicaid annual payments	1,361,844	384,027	993,363
32	Cost of services - max annual payments for UPL	1,495,631	409,085	1,144,399
33				
34	<u>adjustment factor</u>			
35	inflation	1.043146	1.058954	1.067636
36				
37	adjusted Medicaid annual payments	1,420,602	406,667	1,060,550
38	adjusted maximum annual payments for UPL	1,560,161	433,202	1,221,802
39	annual facility specific UPL amount	139,559	26,535	161,252
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	139,559	26,535	161,252
44	UPL adjustment available for SFY2011	139,559	26,535	161,252

Georgia Department of Community Health

	Facility Name	WellStar Cobb	Wellstar Douglas	WellStar Kennestone
1	Medicaid Provider ID	000000426A	000000624A	000001119A
2	base period report period beginning date	7/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,600,784	1,107,044	2,760,911
11	covered charges	11,588,413	5,581,524	13,357,856
12	outpatient Medicaid ratio of costs to charges	0.22443	0.198341	0.206688
13	annual cost of Medicaid covered services	2,600,784	1,107,044	2,760,911
14	cost settlement rate	95.77%	95.77%	95.77%
15	annual Medicaid payments after cost settlement	2,490,771	1,060,216	2,644,124
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	729,093	299,721	375,045
19	payments	63,704	29,760	30,602
20	annual covered charges	729,093	299,721	375,045
21	annual interim payments	63,704	29,760	30,602
22	annual cost of services	163,630	59,447	77,517
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	854,797	496,960	2,888,942
26	payments	153,410	82,785	385,149
27	annual covered charges	854,797	496,960	2,888,942
28	annual interim payments	153,410	82,785	385,149
29	annual cost of services	191,842	98,568	597,110
30				
31	Medicaid annual payments	2,707,885	1,172,761	3,059,875
32	Cost of services - max annual payments for UPL	2,956,256	1,265,059	3,435,538
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.067636	1.067636
36				
37	adjusted Medicaid annual payments	2,891,036	1,252,082	3,266,833
38	adjusted maximum annual payments for UPL	3,156,205	1,350,623	3,667,904
39	annual facility specific UPL amount	265,169	98,541	401,071
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	265,169	98,541	401,071
44	UPL adjustment available for SFY2011	265,169	98,541	401,071

Georgia Department of Community Health

	Facility Name	WellStar Paulding	WellStar Windy Hill
1	Medicaid Provider ID	000001438A	000001999A
2	base period report period beginning date	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	653,131	310,238
11	covered charges	3,003,844	806,366
12	outpatient Medicaid ratio of costs to charges	0.217432	0.384735
13	annual cost of Medicaid covered services	653,131	310,238
14	cost settlement rate	95.77%	95.77%
15	annual Medicaid payments after cost settlement	625,504	297,115
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	207,005	0
19	payments	21,749	0
20	annual covered charges	207,005	0
21	annual interim payments	21,749	0
22	annual cost of services	45,010	-
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	0	195,000
26	payments	0	46,592
27	annual covered charges	0	195,000
28	annual interim payments	0	46,592
29	annual cost of services	-	75,023
30			
31	Medicaid annual payments	647,253	343,707
32	Cost of services - max annual payments for UPL	698,141	385,261
33			
34	<u>adjustment factor</u>		
35	inflation	1.067636	1.067636
36			
37	adjusted Medicaid annual payments	691,031	366,954
38	adjusted maximum annual payments for UPL	745,360	411,318
39	annual facility specific UPL amount	54,329	44,364
40			
41	annual allocation of charge limit (if applicable)	0	0
42			
43	annual UPL amount after aggregate limit adjustments	54,329	44,364
44	UPL adjustment available for SFY2011	54,329	44,364

Georgia Department of Community Health

	Facility Name	West Georgia Medical Center	Bleckley Memorial	Brooks County
1	Medicaid Provider ID	000002065A	000000195A	000000239A
2	base period report period beginning date	10/1/2008	4/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	3/31/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,367,799	193,458	230,475
11	covered charges	6,037,499	200,977	919,143
12	outpatient Medicaid ratio of costs to charges	0.226551	0.962588	0.25075
13	annual cost of Medicaid covered services	1,367,799	193,458	230,475
14	cost settlement rate	95.77%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	1,309,941	193,458	230,475
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	573,205	46,718	41,257
19	payments	54,100	7,760	3,360
20	annual covered charges	573,205	46,718	41,257
21	annual interim payments	54,100	7,760	3,360
22	annual cost of services	129,860	44,970	10,345
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	415,456	0	91,440
26	payments	84,660	0	17,121
27	annual covered charges	415,456	0	91,440
28	annual interim payments	84,660	0	17,121
29	annual cost of services	94,122	-	22,929
30				
31	Medicaid annual payments	1,448,701	201,218	250,956
32	Cost of services - max annual payments for UPL	1,591,781	238,428	263,749
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.07545	1.054666
36				
37	adjusted Medicaid annual payments	1,527,896	216,400	264,675
38	adjusted maximum annual payments for UPL	1,678,797	256,417	278,167
39	annual facility specific UPL amount	150,901	40,017	13,492
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	150,901	40,017	13,492
44	UPL adjustment available for SFY2011	150,901	40,017	13,492

Georgia Department of Community Health

	Facility Name	Calhoun Memorial	Candler County	Charlton Memorial
1	Medicaid Provider ID	000000305A	000000316A	000000338A
2	base period report period beginning date	4/1/2008	1/1/2009	7/1/2008
3	base period report period ending date	3/31/2009	12/31/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	125,250	312,755	181,155
11	covered charges	230,000	602,266	369,302
12	outpatient Medicaid ratio of costs to charges	0.544565	0.519297	0.490533
13	annual cost of Medicaid covered services	125,250	312,755	181,155
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	125,250	312,755	181,155
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	18,142	50,112	59,455
19	payments	3,300	10,350	6,550
20	annual covered charges	18,142	50,112	59,455
21	annual interim payments	3,300	10,350	6,550
22	annual cost of services	9,879	26,023	29,165
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	27,273	130,549	8,209
26	payments	12,850	58,158	4,433
27	annual covered charges	27,273	130,549	8,209
28	annual interim payments	12,850	58,158	4,433
29	annual cost of services	14,852	67,794	4,027
30				
31	Medicaid annual payments	141,400	381,263	192,138
32	Cost of services - max annual payments for UPL	149,981	406,572	214,347
33				
34	<u>adjustment factor</u>			
35	inflation	1.07545	1.043146	1.067636
36				
37	adjusted Medicaid annual payments	152,069	397,713	205,133
38	adjusted maximum annual payments for UPL	161,297	424,114	228,845
39	annual facility specific UPL amount	9,228	26,401	23,712
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	9,228	26,401	23,712
44	UPL adjustment available for SFY2011	9,228	26,401	23,712

Georgia Department of Community Health

	Facility Name	Chatuge Regional	Clinch Memorial	Early Memorial	Effingham
1	Medicaid Provider ID	000001933A	000000415A	000000635A	000000657A
2	base period report period beginning date	5/1/2008	7/1/2008	10/1/2008	7/1/2008
3	base period report period ending date	4/30/2009	6/30/2009	9/30/2009	6/30/2009
4					
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	84,634	256,118	286,015	250,287
11	covered charges	226,948	343,373	667,578	620,129
12	outpatient Medicaid ratio of costs to charges	0.372922	0.745889	0.428437	0.403605
13	annual cost of Medicaid covered services	84,634	256,118	286,015	250,287
14	cost settlement rate	100.00%	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	84,634	256,118	286,015	250,287
16					
17	<u>subject to fixed fee payment</u>				
18	covered charges	23,027	19,911	44,931	86,192
19	payments	2,750	2,250	5,173	6,950
20	annual covered charges	23,027	19,911	44,931	86,192
21	annual interim payments	2,750	2,250	5,173	6,950
22	annual cost of services	8,587	14,851	19,250	34,788
23					
24	<u>subject to limit of inpatient rate</u>				
25	covered charges	0	13,268	9,782	0
26	payments	0	4,242	4,358	0
27	annual covered charges	0	13,268	9,782	0
28	annual interim payments	0	4,242	4,358	0
29	annual cost of services	-	9,896	4,191	-
30					
31	Medicaid annual payments	87,384	262,610	295,546	257,237
32	Cost of services - max annual payments for UPL	93,221	280,865	309,456	285,075
33					
34	<u>adjustment factor</u>				
35	inflation	1.072833	1.067636	1.054666	1.067636
36					
37	adjusted Medicaid annual payments	93,748	280,372	311,702	274,635
38	adjusted maximum annual payments for UPL	100,011	299,862	326,373	304,356
39	annual facility specific UPL amount	6,263	19,490	14,671	29,721
40					
41	annual allocation of charge limit (if applicable)	0	0	0	0
42					
43	annual UPL amount after aggregate limit adjustments	6,263	19,490	14,671	29,721
44	UPL adjustment available for SFY2011	6,263	19,490	14,671	29,721

Georgia Department of Community Health

	Facility Name	Higgins General Hospital	Jasper Memorial	Jeff Davis
1	Medicaid Provider ID	000000954A	000000998A	000001009A
2	base period report period beginning date	7/1/2008	10/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	699,855	164,004	265,154
11	covered charges	2,077,776	193,417	721,585
12	outpatient Medicaid ratio of costs to charges	0.336829	0.84793	0.367461
13	annual cost of Medicaid covered services	699,855	164,004	265,154
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	699,855	164,004	265,154
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	167,431	27,245	109,096
19	payments	18,009	4,400	8,914
20	annual covered charges	167,431	27,245	109,096
21	annual interim payments	18,009	4,400	8,914
22	annual cost of services	56,396	23,102	40,089
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	63,974	0	21,983
26	payments	23,170	0	8,912
27	annual covered charges	63,974	0	21,983
28	annual interim payments	23,170	0	8,912
29	annual cost of services	21,548	-	8,078
30				
31	Medicaid annual payments	741,034	168,404	282,980
32	Cost of services - max annual payments for UPL	777,799	187,106	313,321
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.054666	1.054666
36				
37	adjusted Medicaid annual payments	791,155	177,610	298,449
38	adjusted maximum annual payments for UPL	830,406	197,334	330,449
39	annual facility specific UPL amount	39,251	19,724	32,000
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	39,251	19,724	32,000
44	UPL adjustment available for SFY2011	39,251	19,724	32,000

Georgia Department of Community Health

	Facility Name	Jenkins County	Liberty Regional	Louis Smith Memorial
1	Medicaid Provider ID	000001042A	000001152A	000001163A
2	base period report period beginning date	7/1/2008	12/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	11/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	90,389	476,959	181,840
11	covered charges	190,810	1,767,303	419,374
12	outpatient Medicaid ratio of costs to charges	0.473712	0.26988	0.433599
13	annual cost of Medicaid covered services	90,389	476,959	181,840
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	90,389	476,959	181,840
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	32,621	304,838	87,886
19	payments	7,050	28,730	11,150
20	annual covered charges	32,621	304,838	87,886
21	annual interim payments	7,050	28,730	11,150
22	annual cost of services	15,453	82,270	38,107
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	14,914	410,875
26	payments	0	4,556	48,260
27	annual covered charges	0	14,914	410,875
28	annual interim payments	0	4,556	48,260
29	annual cost of services	-	4,025	178,155
30				
31	Medicaid annual payments	97,439	510,245	241,250
32	Cost of services - max annual payments for UPL	105,842	563,254	398,102
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.046958	1.054666
36				
37	adjusted Medicaid annual payments	104,029	534,205	254,438
38	adjusted maximum annual payments for UPL	113,001	589,703	419,865
39	annual facility specific UPL amount	8,972	55,498	165,427
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	8,972	55,498	165,427
44	UPL adjustment available for SFY2011	8,972	55,498	165,427

Georgia Department of Community Health

	Facility Name	Miller County	Mitchell County	Monroe County	Morgan Memorial
1	Medicaid Provider ID	000001317A	000001339A	000001361A	000694229A
2	base period report period beginning date	7/1/2008	10/1/2008	10/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	9/30/2009	9/30/2009	6/30/2009
4					
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	284,018	356,170	182,392	191,955
11	covered charges	676,168	1,263,431	454,651	369,005
12	outpatient Medicaid ratio of costs to charges	0.420041	0.281907	0.40117	0.520196
13	annual cost of Medicaid covered services	284,018	356,170	182,392	191,955
14	cost settlement rate	100.00%	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	284,018	356,170	182,392	191,955
16					
17	<u>subject to fixed fee payment</u>				
18	covered charges	58,797	35,846	74,472	27,111
19	payments	5,789	4,578	11,730	3,118
20	annual covered charges	58,797	35,846	74,472	27,111
21	annual interim payments	5,789	4,578	11,730	3,118
22	annual cost of services	24,697	10,105	29,876	14,103
23					
24	<u>subject to limit of inpatient rate</u>				
25	covered charges	9,006	0	52,283	56,234
26	payments	4,308	0	21,913	25,801
27	annual covered charges	9,006	0	52,283	56,234
28	annual interim payments	4,308	0	21,913	25,801
29	annual cost of services	3,783	-	20,974	29,253
30					
31	Medicaid annual payments	294,115	360,748	216,035	220,874
32	Cost of services - max annual payments for UPL	312,498	366,275	233,242	235,311
33					
34	<u>adjustment factor</u>				
35	inflation	1.067636	1.054666	1.054666	1.067636
36					
37	adjusted Medicaid annual payments	314,008	380,469	227,845	235,813
38	adjusted maximum annual payments for UPL	333,634	386,298	245,993	251,226
39	annual facility specific UPL amount	19,626	5,829	18,148	15,413
40					
41	annual allocation of charge limit (if applicable)	0	0	0	0
42					
43	annual UPL amount after aggregate limit adjustments	19,626	5,829	18,148	15,413
44	UPL adjustment available for SFY2011	19,626	5,829	18,148	15,413

Georgia Department of Community Health

	Facility Name	Peach Regional Medical Center	Polk Medical	Putnam General
1	Medicaid Provider ID	000001449A	000001526A	000001537A
2	base period report period beginning date	11/1/2008	10/1/2008	10/1/2008
3	base period report period ending date	10/31/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	412,924	528,206	237,415
11	covered charges	1,048,974	1,792,007	398,804
12	outpatient Medicaid ratio of costs to charges	0.393646	0.294756	0.595317
13	annual cost of Medicaid covered services	412,924	528,206	237,415
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	412,924	528,206	237,415
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	103,544	442,882	39,798
19	payments	19,021	26,800	5,425
20	annual covered charges	103,544	442,882	39,798
21	annual interim payments	19,021	26,800	5,425
22	annual cost of services	40,760	130,542	23,692
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	87,358	0
26	payments	0	13,729	0
27	annual covered charges	0	87,358	0
28	annual interim payments	0	13,729	0
29	annual cost of services	-	25,749	-
30				
31	Medicaid annual payments	431,945	568,735	242,840
32	Cost of services - max annual payments for UPL	453,684	684,497	261,107
33				
34	<u>adjustment factor</u>			
35	inflation	1.050798	1.054666	1.054666
36				
37	adjusted Medicaid annual payments	453,887	599,825	256,115
38	adjusted maximum annual payments for UPL	476,730	721,915	275,380
39	annual facility specific UPL amount	22,843	122,090	19,265
40				
41	annual allocation of charge limit (if applicable)	0	0	0
42				
43	annual UPL amount after aggregate limit adjustments	22,843	122,090	19,265
44	UPL adjustment available for SFY2011	22,843	122,090	19,265

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	Facility Name	Screven County	Southwest GA Regional	Warm Springs Med.
1	Medicaid Provider ID	000001647A	000001427A	000001284A
2	base period report period beginning date	7/1/2008	7/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	6/30/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	207,626	262,734	213,073
11	covered charges	524,919	693,669	563,556
12	outpatient Medicaid ratio of costs to charges	0.39554	0.378759	0.378087
13	annual cost of Medicaid covered services	207,626	262,734	213,073
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	207,626	262,734	213,073
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	104,462	104,904	118,607
19	payments	9,832	8,200	10,300
20	annual covered charges	104,462	104,904	118,607
21	annual interim payments	9,832	8,200	10,300
22	annual cost of services	41,319	39,733	44,844
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	11,409	89,248	13,625
26	payments	4,432	30,620	4,543
27	annual covered charges	11,409	89,248	13,625
28	annual interim payments	4,432	30,620	4,543
29	annual cost of services	4,513	33,803	5,151
30				
31	Medicaid annual payments	221,890	301,554	227,916
32	Cost of services - max annual payments for UPL	253,458	336,270	263,068
33				
34	<u>adjustment factor</u>			
35	inflation	1.067636	1.067636	1.043146
36				
37	adjusted Medicaid annual payments	236,898	321,950	237,750
38	adjusted maximum annual payments for UPL	270,601	359,013	274,418
39	annual facility specific UPL amount	33,703	37,063	36,668
40				
41	annual allocation of charge limit (if applicable)	3,712	0	0
42				
43	annual UPL amount after aggregate limit adjustments	37,415	37,063	36,668
44	UPL adjustment available for SFY2011	37,415	37,063	36,668

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	Facility Name	Wills Memorial Hospital	Bacon County	Lower Oconee Comm.
1	Medicaid Provider ID	000002087A	000000118A	000002076A
2	base period report period beginning date	5/1/2008	7/1/2008	1/1/2009
3	base period report period ending date	4/30/2009	6/30/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	216,342	329,893	472,690
11	covered charges	353,661	968,816	1,284,295
12	outpatient Medicaid ratio of costs to charges	0.611721	0.340511	0.368054
13	annual cost of Medicaid covered services	216,342	329,893	472,690
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	216,342	329,893	472,690
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	17,993	182,000	66,832
19	payments	4,550	14,770	4,750
20	annual covered charges	17,993	182,000	66,832
21	annual interim payments	4,550	14,770	4,750
22	annual cost of services	11,007	61,973	24,598
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	0	22,047	0
26	payments	0	4,477	0
27	annual covered charges	0	22,047	0
28	annual interim payments	0	4,477	0
29	annual cost of services	-	7,507	-
30				
31	Medicaid annual payments	220,892	349,140	477,440
32	Cost of services - max annual payments for UPL	227,349	399,373	497,288
33				
34	<u>adjustment factor</u>			
35	inflation	1.072833	1.067636	1.043146
36				
37	adjusted Medicaid annual payments	236,980	372,754	498,040
38	adjusted maximum annual payments for UPL	243,907	426,385	518,744
39	annual facility specific UPL amount	6,927	53,631	20,704
40				
41	annual allocation of charge limit (if applicable)	0	0	8,219
42				
43	annual UPL amount after aggregate limit adjustments	6,927	53,631	28,923
44	UPL adjustment available for SFY2011	6,927	53,631	28,923

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	Facility Name	Phoebe Worth	St. Joseph of East GA (Minnie G)
1	Medicaid Provider ID	000002109A	000001328A
2	base period report period beginning date	8/1/2008	1/1/2009
3	base period report period ending date	7/31/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	245,170	232,209
11	covered charges	568,359	396,106
12	outpatient Medicaid ratio of costs to charges	0.431365	0.586229
13	annual cost of Medicaid covered services	245,170	232,209
14	cost settlement rate	100.00%	100.00%
15	annual Medicaid payments after cost settlement	245,170	232,209
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	151,594	70,821
19	payments	13,650	8,015
20	annual covered charges	151,594	70,821
21	annual interim payments	13,650	8,015
22	annual cost of services	65,392	41,517
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	0	26,821
26	payments	0	13,123
27	annual covered charges	0	26,821
28	annual interim payments	0	13,123
29	annual cost of services	-	15,723
30			
31	Medicaid annual payments	258,820	253,347
32	Cost of services - max annual payments for UPL	310,562	289,449
33			
34	<u>adjustment factor</u>		
35	inflation	1.063277	1.043146
36			
37	adjusted Medicaid annual payments	275,197	264,278
38	adjusted maximum annual payments for UPL	330,214	301,938
39	annual facility specific UPL amount	55,017	37,660
40			
41	annual allocation of charge limit (if applicable)	3,913	1,954
42			
43	annual UPL amount after aggregate limit adjustments	58,930	39,614
44	UPL adjustment available for SFY2011	58,930	39,614

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	Facility Name	Stewart Webster	Sylvan Grove	The Doctors Hospital of Tattnal
1	Medicaid Provider ID	000001845A	000001856A	000001878A
2	base period report period beginning date	10/1/2008	1/1/2009	1/1/2009
3	base period report period ending date	9/30/2009	12/31/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	152,781	177,273	332,731
11	covered charges	289,117	898,991	1,449,820
12	outpatient Medicaid ratio of costs to charges	0.52844	0.197191	0.229498
13	annual cost of Medicaid covered services	152,781	177,273	332,731
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	152,781	177,273	332,731
16				
17	<u>subject to fixed fee payment</u>			
18	covered charges	22,902	209,083	118,055
19	payments	2,750	13,750	7,850
20	annual covered charges	22,902	209,083	118,055
21	annual interim payments	2,750	13,750	7,850
22	annual cost of services	12,102	41,229	27,093
23				
24	<u>subject to limit of inpatient rate</u>			
25	covered charges	32,634	15,849	2,183,869
26	payments	13,021	4,415	304,958
27	annual covered charges	32,634	15,849	2,183,869
28	annual interim payments	13,021	4,415	304,958
29	annual cost of services	17,245	3,125	501,194
30				
31	Medicaid annual payments	168,552	195,438	645,539
32	Cost of services - max annual payments for UPL	182,128	221,627	861,018
33				
34	<u>adjustment factor</u>			
35	inflation	1.054666	1.043146	1.043146
36				
37	adjusted Medicaid annual payments	177,766	203,870	673,391
38	adjusted maximum annual payments for UPL	192,084	231,189	898,167
39	annual facility specific UPL amount	14,318	27,319	224,776
40				
41	annual allocation of charge limit (if applicable)	1,559	0	27,764
42				
43	annual UPL amount after aggregate limit adjustments	15,877	27,319	252,540
44	UPL adjustment available for SFY2011	15,877	27,319	252,540

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	Facility Name	Mountain Lakes	Dekalb Hillandale
1	Medicaid Provider ID	000001559A	000000536U
2	base period report period beginning date	1/1/2009	7/1/2008
3	base period report period ending date	12/31/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	140,612	1,163,776
11	covered charges	357,675	4,055,857
12	outpatient Medicaid ratio of costs to charges	0.393128	0.286937
13	annual cost of Medicaid covered services	140,612	1,163,776
14	cost settlement rate	100.00%	95.77%
15	annual Medicaid payments after cost settlement	140,612	1,114,548
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges	27,874	571,675
19	payments	2,750	40,650
20	annual covered charges	27,874	571,675
21	annual interim payments	2,750	40,650
22	annual cost of services	10,958	164,035
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges	40,686	36,083
26	payments	9,127	9,230
27	annual covered charges	40,686	36,083
28	annual interim payments	9,127	9,230
29	annual cost of services	15,995	10,354
30			
31	Medicaid annual payments	152,489	1,164,428
32	Cost of services - max annual payments for UPL	167,565	1,338,165
33			
34	<u>adjustment factor</u>		
35	inflation	1.043146	1.067636
36			
37	adjusted Medicaid annual payments	159,068	1,243,185
38	adjusted maximum annual payments for UPL	174,795	1,428,673
39	annual facility specific UPL amount	15,727	185,488
40			
41	annual allocation of charge limit (if applicable)	2,486	0
42			
43	annual UPL amount after aggregate limit adjustments	18,213	185,488
44	UPL adjustment available for SFY2011	18,213	185,488